

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756975

**FILED**  
**Feb 13, 2013**  
**Secretary of State**  
**CC8168520872**

**Entity Name:** JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

**Current Principal Place of Business:**

5850 S PINE ISLAND RD  
DAVIE, FL 33328

**Current Mailing Address:**

5850 S PINE ISLAND RD  
DAVIE, FL 33328

**FEI Number: 59-2075982**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WILEN, BARRY  
4601 SHERIDAN ST  
STE 208  
HOLLYWOOD, FL 33021 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: BARRY WILEN**

**02/13/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name FROST, CHERYL  
Address 10394 BERMUDA DRIVE  
City-State-Zip: COOPER CITY FL 33026

Title PRES  
Name NEWMAN, DANIEL  
Address 3925 HERON RIDGE LANE  
City-State-Zip: WESTON FL 33331

Title VPD  
Name SCHNEIDER, CINDY  
Address 10417 SW 22 PLACE  
City-State-Zip: DAVIE FL 33324

Title VPT  
Name LESS, MITCHELL  
Address 10761 SANTA FE DRIVE  
City-State-Zip: COOPER CITY FL 33026

Title TREASURER  
Name SHACTER, BARRY  
Address 3497 BARBADOS AVENUE  
City-State-Zip: COOPER CITY FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL NEWMAN**

**PRESIDENT**

**02/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date